

**U.S. ARMY MEDICAL DEPARTMENT ACTIVITY, FORT GEORGE G. MEADE
RABIES POST-EXPOSURE PROPHYLAXIS**

Date of Bite: _____

* Previously Vaccinated? ☐ Yes ☐ No

DAY DUE	DATE DUE	CLINIC	INJECTION NUMBER	DATE GIVEN	DOSE	SITE OF INJECTION	SIGNATURE OF PROVIDER
0			† RIG				
0			‡ HDCV / PCEC #1				
3			‡ HDCV / PCEC #2				
7			‡ HDCV / PCEC #3				
14			‡ HDCV / PCEC #4				
28			‡ HDCV / PCEC #5				

MTF initiating this record:

☐ Kimbrough Ambulatory Care Center ☐ Dunham USAHC ☐ Kirk USAHC ☐ Barquist USAHC ☐ Fort Indiantown Gap USAHC
☐ Defense Distribution Center USAHC ☐ Letterkenny USAHC ☐ Tobyhanna USAHC

Enter dates vaccinations will be due and the location at which each vaccination will be given. Administer and document initial dose as follows:

† RIG (Rabies Immune Globulin): 20 IU/kg body weight. If anatomically feasible, the FULL DOSE should be infiltrated around the wound(s) and any remaining volume should be administered IM at an anatomical site distant from the vaccine administration.

‡ Rabies Vaccine -- HDCV (Human Diploid Cell Vaccine) or PCEC (Purified Chick Embryo Cell Vaccine): 1.0 ml IM (per package insert). Circle which vaccine (HDCV or PCEC) was given to the patient.

* Previously vaccinated patients only require HDCV or PCEC on Days 0 and 3 and do not require RIG.

PATIENT INSTRUCTIONS FOR RABIES POST-EXPOSURE FOLLOW UP

- If antibiotics are prescribed, take them.
- Seek medical attention if any of the following signs of infection are noticed:
 - Redness.
 - Increased pain.
 - Drainage from the wound.
 - Red streaks on the skin leading from the wound toward the body.
 - Enlarged or tender lymph nodes in the arm pits or groin area.
 - Elevated temperature over 100 degrees.
- Return to complete all anti-rabies vaccinations ON scheduled dates and at scheduled locations.
- Referred for completion of rabies post-exposure prophylaxis to ☐ Tricare Prime site ☐ Other: _____

DATE: _____ TIME: _____ ; DATE: _____ TIME: _____ ; DATE: _____ TIME: _____

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

MEDDAC (Ft Meade) Form 573, 1 Dec 02

Previous editions are obsolete and will not be used.